

TVSEF Student Application Cover Form (TVSEF-1)

This completed form is required for ALL participants. Complete online, type, or print all information requested (no pencil).
Every question must be answered. This application form MUST be available with your project at the TVSEF.

1) Student's Name	E-mail	
2) Title of Project		
3) Home Address	City	Zip Code
Phone No.	Grade	
4) School	City	Zip Code
5) Teacher's Name	E-mail	
Phone No.	Fax No.	
6) Adult Sponsor*	Phone No.	Fax No.
Adult Sponsor is a: <input type="checkbox"/> Teacher <input type="checkbox"/> Scientist <input type="checkbox"/> Parent		

7) Competing as: ☐ Individual ☐ Team (3 members maximum) Each team member must complete an application.

8) Category (check one)

Junior Division (Grades 7–8)

- ☐ 1. Behavioral & Social Sciences (BS)
- ☐ 2. Biological Science (BL)
- ☐ 3. Math & Computer Science (MC)
- ☐ 4. Physical Science (PS)
- ☐ 5. Team (TM)

Senior Division (Grades 9–12)

- ☐ 1. Behavioral & Social Science (BS)
- ☐ 2. Biochemistry (BC)
- ☐ 3. Botany (BT)
- ☐ 4. Chemistry (CH)
- ☐ 5. Computer Science (CS)
- ☐ 6. Earth Science (ES)
- ☐ 7. Engineering (EN)
- ☐ 8. Environmental Science (EV)
- ☐ 9. Mathematics (MA)
- ☐ 10. Medicine & Health (MH)
- ☐ 11. Microbiology (MB)
- ☐ 12. Physics (PH)
- ☐ 13. Space Science (SS)
- ☐ 14. Zoology (ZG)
- ☐ 15. Team (TM)

9) Is this a continuation from the previous year's science project? ☐ Yes ☐ No

10) Starting date of this year's experimentation (must be stated) _____ Month _____ Day _____ Year

11) Where will you complete your lab work? ☐ School ☐ Home ☐ Field ☐ Research Institute (must complete form 1D)

12) Check all items that apply to research. While doing my project, I will be experimenting with:

- ☐ Humans: Requires prior IRB approval. Complete forms: 1, 1A, 1B, 1C, 4. (if required: form 1D, 2, 3, 6)
- ☐ Vertebrate Animals at a Non-Regulated Research Site*** Requires prior SRC approval. Complete forms: 1, 1A, 1B, 1C, 3, 5A**. (if required: form 1D, 2)
- ☐ Vertebrate Animals at a Regulated Research Institution*** Requires prior IACUC and SRC approval. Complete forms: 1, 1A, 1B, 1C, 1D, 2, 5B** (if required: form 3)
- ☐ Recombinant DNA** Requires prior SRC approval. Complete forms: 1, 1A, 1B, 1C, 2 if non-exempt study, 3 if exempt study. (if required: form 1D)
- ☐ Pathogens** Requires prior SRC approval. Complete forms: 1, 1A, 1B, 1C, 2, 3. (if required: form 1D)
- ☐ Controlled Substances** Requires prior SRC approval. Complete forms: 1, 1A, 1B, 1C, 2 or 3, depending on substance: see rules. (if req.: form 1D)
- ☐ Human/Animal Tissue** Complete forms: 1, 1A, 1B, 1C, 3, 6. (if required: form 4, 1D)
- ☐ Hazardous Substances or Devices. Complete forms: 1, 1A, 1B, 1C, 3. (if required: form 1D)
- ☐ NONE OF THE ABOVE. Complete forms: 1, 1A, 1B, 1C. (if required: form 1D)

* Adult Sponsor MUST be a teacher, scientist, or parent

** Senior Division ONLY

*** Non-regulated research sites include the home, school, or field. Regulated sites include research institutions, labs, biotech companies, etc.

TVSEF Research Plan (TVSEF-1A)

This completed form is required for ALL participants. Complete online, type, or print all information requested (no pencil).
Every question must be answered. This application form **MUST** be available with your project at the TVSEF.

Student's Name

Project Title

13) Research Plans

Complete the following information in detail. (See examples in the TVSEF Step-By-Step Student Guide for assistance. Contact your teacher or the TVSEF staff for a copy, or visit our website at <http://tvsef.llnl.gov>. Attach a separate sheet if necessary.

A. Problem or question being addressed.

B. Hypothesis.

C. Describe IN DETAIL your method and procedures (including chemical concentrations and drug dosages).

For human research, include survey or questionnaires if used, and critically evaluate the risk. For nonhuman vertebrate animal research, you must briefly discuss potential alternatives and present a detailed justification for use of vertebrate animals. (Attach additional sheet, if necessary.)

TVSEF Approval Form (TVSEF-1B)

**This completed form is required for ALL participants.
This application form MUST be available with your project at the TVSEF.**

Student's Name _____

Project Title _____

14). TVSEF Approvals

(Required for ALL projects.)

a) Student Acknowledgment:

I understand the risks and possible dangers to me of the proposed **Research Plan**. I have read and will adhere to all TVSEF/Intel ISEF Rules when conducting this research.

Student's Printed Name _____

Signature _____

Date Acknowledged _____

b) Parent/Guardian Approval:

I have read and understand the risks and possible dangers involved in the sponsor-approved Research Plan. I consent to my child participating in this research.

Parent/Guardian's Printed Name _____

Signature _____

Date of Approval _____

c) Adult Sponsor * Approval:

I have read the **Research Plan** prior to experimentation and reviewed the Checklist for Adult Sponsor with the student. I agree to sponsor the student named above and assume responsibility for compliance with all TVSEF/Intel ISEF Rules as they pertain to the **Research Plan**.

Adult Sponsor's Printed Name _____

Signature _____

Date of Approval _____

d) TVSEF SRC Prior Approval **

SRC/IRB Approval Before Experimentation

The Committee has carefully studied this project's **Research Plan** and all the required forms are included. My signature indicates approval of the **Research Plan** before the student begins experimentation.

SRC/IRB Chair's Printed Name _____

Signature _____

Date of Approval _____

e) TVSEF SRC/IRB Final Approval and Application Acceptance

(Required for ALL projects.)

SCR/IRB Final Approval

This project adheres to the **Research Plan** and complies with the rules of the TVSEF and Intel ISEF Science Fair.

TVSEF SRC/IRB Chair's Approval _____

Date of Approval _____

* Note: Adult sponsor must be a teacher, scientist, or parent.

** Some projects need prior approval (i.e., see Item 12).

TVSEF Checklist for Adult Sponsor*/Safety Assessment Form (TVSEF-1C)

This form must be completed by the Adult Sponsor and is required for ALL participants.
It must be completed prior to experimentation and every question must be answered.
This application form **MUST** be displayed with your project at the TVSEF.

Student's Name _____

Title of Project _____

- 1) ☐ I have reviewed and signed the Application Cover Form, Research Plan and Approval Form.
- 2) ☐ The student and a parent/guardian have signed the Approval Form.
- 3) ☐ This project involves the following area(s) and requires prior approval by the TVSEF SRC/IRB before experimentation begins:
- | | |
|---|--|
| <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Recombinant DNA
(Senior Division only) |
| <input type="checkbox"/> Pathogenic Agents**
(Senior Division only) | <input type="checkbox"/> Vertebrate Animals
(Senior Division unless observational study) |
| <input type="checkbox"/> Controlled substances
(Senior Division only) | |
- ** All bacteria, fungi, etc. isolated from the environment should be considered potentially pathogenic.
- 4) ☐ This project does **NOT** involve any of the research areas listed in #3. Prior approval from the SRC/IRB is not required.

Please check either # 5 **OR** # 6, as it pertains to your project:

- 5) ☐ This project involves tissues or the hazardous substances or devices checked below. A Designated Supervisor will provide proper supervision to the student. Prior approval by the adult sponsor and certification by a designated supervisor is required.
- ☐ **Tissues** I have reviewed with the student the Research Plan and determined that this project is a tissue study and that, if applicable, the tissue was obtained from an animal sacrificed for a purpose other than the student's project.
- ☐ **Chemicals** (*i.e.*, hazardous, flammable, explosive or highly toxic; carcinogens; mutagens and all pesticides). I have reviewed with the student the Material Safety Data Sheet (MSDS) Listing for each chemical that will be used. I have also reviewed the proper safety standards for each chemical including toxicity data, proper handling techniques, and disposal methods. For *Safety in Academic Chemistry Laboratories*, write to the American Chemical Society, Career Publications, 1155 16th. St., NW, Washington, DC 20036 (202-872-4512).
- ☐ **Equipment** (*i.e.*, welders; lasers; voltage greater than 220 volts). I have reviewed with the student the proper operational procedures and safety precautions for the equipment to be used by the student. For information about laser standards and research, visit the OSHA website at www.osha.gov.
- ☐ **Radioactive Substances** I have reviewed the proper safety standards for each radioactive substance the student will use.
- ☐ **Radiation** (*i.e.*, x-ray or nuclear; unshielded ionizing radiation of 100-400 nm wavelength). I have reviewed with the student the proper safety methods concerning the type of radiation the student will use.
- 6) ☐ This project does NOT involve tissues or the use of hazardous substances or devices.

Adult Sponsor's Printed Name _____

Signature _____

Date of Review _____

* Note: Adult sponsor must be a teacher, scientist, or parent.